



LivWell
INFUSIONS

Leqembi Infusion Order

Fax 888 511-7654 Phone 888 864-7341

Patient Name: _____
Patient Phone: _____

DOB: _____
SEX: M F

Please Attach All Insurance Information, front and back

MEDICAL INFORMATION

Diagnosis: G30.0 Alzheimer's disease with early onset
G30.1 Alzheimer's disease with late onset G30.8
Other Alzheimer's disease
G30.9 Alzheimer's disease, unspecified
G31.84 Mild cognitive impairment, so stated

**MUST CHECK BOX: Z00.6. Patient is in
registry to receive treatment.**

Other: _____

Patients weight: _____
Lab Date: _____
Allergies: _____

ALSO INCLUDE...

Clinical/ Progress Notes
Demographics Sheet
Current Medications
Labs

LEQEMBI ORDER

Stage 1: Infusions 1-4

Leqembi 10mg/kg IV every 2 weeks x 4 doses. Each infusion given over 1 hour.

Needed prior to start:
MRI of brain within one year prior to first infusion.

DATE OF MRI:
Beta Amyloid
Pathology has been
confirmed via CSF or PET.

Stage 2: Infusions 5-6

Leqembi 10mg/kg IV every two weeks x 2 doses. Each infusion given over 1 hour.

I confirm that the patient has undergone MRI before dose 5. I have reviewed the results and clear the patient to receive infusions 5-6.

Stage 3: Infusions 7-13

Leqembi 10mg/kg IV every 2 weeks x 7 doses. Each infusion to be given over 1 hour.

I confirm that the patient has undergone MRI of brain before dose 7. I have reviewed the results and clear the patient to receive doses 7-13.

Stage 4: Infusions 14+

Leqembi 10mg/kg IV every 2 weeks x _____ doses. Each infusion to be given over 1 hour.

I confirm that the patient has undergone MRI of brain before dose 14. I have reviewed the results and clear the patient to receive infusion 14 and beyond.

PHYSICIAN INFORMATION

Referring Physician: _____

Phone: _____

Practice Address: _____

Office Contact: _____

Fax: _____

NPI/ TIN: _____

Referring Physician's Signature _____

Date: _____



Patient Name: _____

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MEDICAL INFORMATION

LEQEMBI PRE MEDICATION ORDER BELOW (OPTIONAL)

LEQEMBI PRE MEDICATION ORDER (OPTIONAL)

PreMeds:

Diphenhydramine IV - Inject 25 - 50 mg IV PRN. Do not give with oral diphenhydramine. Confirm patient is not driving home.

Diphenhydramine 25mg PO - Give 1-2 tablets PO PRN. Do not give with IV diphenhydramine. Confirm patient is not driving home.

Acetaminophen 325/500mg PO - Give 1-2 tablets PO PRN to prevent headache/pain.

Ondansetron 4mg IV - Inject 4mg PRN to prevent nausea. May repeat in 30 minutes to a max dose of 8mg IV total.

PHYSICIAN INFORMATION

Referring Physician: _____ **Phone:** _____

Practice Address: _____

Office Contact: _____ **Fax:** _____

NPI/ TIN: _____

Referring Physician's Signature _____ **Date:** _____